

Please return the completed application:

By mail—

Victim Support Team
Domestic Violence Unit, 6th Floor
610 5th Avenue
Seattle, WA 98104

By fax—

(206)684-0727, attn: VST

By email—

megan.bruneau@seattle.gov



For VST Staff Use Only

Date received: _____

Academy: _____

Seattle Police Department
Domestic Violence Victim Support Team
Application

Applicant Information

Name: _____

First

Middle Initial

Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Other Phone: _____

Email: _____

Date of birth: _____ Social Security Number: _____

Education

Please indicate your highest level of education and area of specialization, if applicable.

Are you currently enrolled in school? Yes ____ No ____

If yes, please list the name of your institution:

Volunteer Experience If more space is needed, please continue on back.

Dates	Name of Organization	Volunteer role and responsibilities



Paid Work Experience Please either fill in below or attach a resume.

Dates	Employer	Role and responsibilities

Please answer the following:

- VST meetings and trainings usually take place on the third Saturday of each month. We also require a year commitment to VST working a minimum of one 8-hour shift each month. Can you meet these requirements? _____

- How did you hear about the Victim Support Team?

- Why do you want to volunteer with the Victim Support Team?

- Please describe any experience you have with counseling and/or crisis intervention:



- The Victim Support Team assists domestic violence victims from diverse cultural, ethnic, and socioeconomic backgrounds. What experience have you had with people from different cultures and backgrounds?

- Do you speak/read/write a language other than English? If so, which?

- Please list any other special skills, abilities, or training you have received:

- What are your personal interests and hobbies?

- Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes ____ No ____

If yes, please describe type of offense, date, law enforcement agency, and current status:

- Are you a survivor of domestic violence? Yes ____ No ____

If so, how long has it been since you experienced the domestic violence?

Have you received services from a domestic violence program? Yes ____ No ____



- Have you or anyone close to you been the victim of a crime in the last twelve months?

Yes ____ No ____

If yes, please indicate your relationship to the victim and give a brief description of the event:

Based on your current knowledge of domestic violence, please answer the following:

What are the forms of abuse that domestic violence can take?

What are some barriers that make it difficult to leave a domestic violence situation?

What are some supportive things to say to a domestic violence victim who is in crisis?



Signature of Applicant

Date